

Education Authority of the County of Lanark.

FOURTEENTH ANNUAL REPORT

ON THE

MEDICAL INSPECTION,
SUPERVISION, AND TREATMENT
OF SCHCOL CHILDREN.

1922 - 1923.

HAMILTON:

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TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION
AUTHORITY OF THE COUNTY OF LANARK.

MR CHAIRMAN, LADIES AND GENTLEMEN,

We beg to submit the Fourteenth Annual Report on the Medical Inspection, Supervision, and Treatment of School Children in the County of Lanark for the year ending 31st July, 1923.

We are,

Your obedient Servants,

JOHN MACINTYRE.

W. JONES MACKINNON.

School Medical Inspection Offices,

3 Clydesdale Street,

Hamilton, September, 1923.

LIST OF STAFF

NORTHERN DIVISION.

Principal School Medical Officer.

JOHN MACINTYRE,
M.B., Ch.B., D.P.H.

Assistant School Medical Officers.

ALEXANDER LAMONT,
M.B., C.M.

IAN C. MACKENZIE,
L.R.C.P. & S.Ed., D.P.H.

ANN K. CORMACK,
M.B., Ch.B.

Dental Surgeons.

H. R. BOWER, L.D.S.
WILLIAM KERR, L.D.S.

Part-Time Ophthalmic Surgeons.

W. HISLOP MANSON,
M.A., M.D., F.R.F.P.S.G.

H. SOMERVILLE MARTYN,
M.A., M.B., Ch.B.

(c) JOHN A. MORTIMER,
M.D., M.R.C.P.E.

SOUTHERN DIVISION.

Principal School Medical Officer.

W. JONES MACKINNON,
M.D., C.M., D.P.H.

Assistant School Medical Officers.

(a) THOMAS FORSYTH,
M.B., Ch.B., D.P.H.

JOHN YOUNG,
L.R.C.P. and S Ed., D.P.H.

(b) ANDREW G. REEKIE,
M.B., Ch.B., D.P.H.

Dental Surgeons.

R. JARDINE BEATTIE, L.D.S.
ANDREW C. F. RANKIN, L.D.S.

Part-Time Ear, Nose, and Throat Specialist.

JAMES ADAM, M.A., M.D., F.R.F.P.S.G.

NURSES.

ISOBEL T. COCHRAN.
CHRISTINA CRAIB.
ELIZABETH H. MORWOOD.
MARJORIE McDougall.
(e) JEANIE McNICOL.
MARGARET L. ROBERTSON.
(f) ANNIE N. DOUGLAS.

MARTHA M. CHISLETT.
(g) ISOBEL DICK.
ANNIE DOBIE.
AMY T. HISLOP.
FRANCES M'KEE.
(h) AGNES C. WHITE.
(i) ISABEL TAYLOR.

Clerical Staff.

ROBERT A. M'ROBBIE.
(j) JOHN WRIGHT.
(k) JAMES H. GALLOWAY.

ELIZABETH HARLEY.
HELEN S. STEVEN.

(a) Resigned 15.10.22.
(b) Appointed 12.5.123. Vice Dr Forsyth.
(c) Resigned full-time appointment 15.9.22;
commenced part-time, 2/11.22.
(d) Appointed 2.11.22.
(e) Resigned 1.9.22.

(f) Appointed 20.7.23.
(g) Resigned 15.2.23.
(h) Resigned 15.5.23.
(i) Appointed 15.11.22.
(j) Resigned 15.5.23.
(k) Appointed 11.4.23. Vice Mr Wright.

SCHEME OF MEDICAL INSPECTION, SUPERVISION, AND TREATMENT.

I.

LIST OF STAFF.

For purposes of administration the whole County is divided into two main areas—a Northern and a Southern Division. The County and Burghal districts embraced in these Divisions are as detailed in the Report for 1919-20. The changes in the personnel of the Medical and Nursing Staff are shown on page 6 of the present Report.

II.

(a) Number of Schools in the whole Area—

Primary	... ... ... ...	232
Intermediate and Secondary	... ... ... ...	21
Special Schools or Classes	... ... ... ...	6

(b) Number of Children on Register	... ... ...	103,866
Number of Children in average attendance	... ...	93,426

The class for Physically Invalid Children, formerly conducted at Larkhall, has now been amalgamated with those conducted at Woodburn House, Hamilton.

III.

NUMBER OF VISITS TO SCHOOLS FOR SYSTEMATIC EXAMINATION IN ACCORDANCE WITH SCHEME OF INSPECTION.

The number of visits paid to schools by the School Medical Officers, in connection with the routine examination of scholars, amounted to 1,127. At these visits the following children were examined:—(1) Entrants, 5-6 years old; (2) Intermediates, 9 years old; (3) Seniors, 12 years old; (4) Higher Grade, 16 years old; and (5) Special Cases.

IV.

NUMBER OF SPECIAL VISITS BY THE SCHOOL MEDICAL OFFICER.

The number of special visits to schools for the purpose of supervision amounted this year to 855. These visits serve a very useful purpose, as they are, with very few exceptions, "surprise" visits. At

these visits all children previously notified as suffering from some defect are re-examined and any improvement, or worsening, duly noted. Where a cure of an ailment has been effected, that child is not usually re-examined at subsequent revisits; but in all cases of uncleanliness or neglect the children are examined at every revisit to the school, as it is found that, in the vast majority of instances, constant supervision of such cases is absolutely necessary as the tendency to a "relapse" is ever present.

As has been explained in previous Reports, the need for revisiting is not equally urgent in all districts, and, as a general rule, the urban schools demand most attention. Every school in the County was revisited on, at least, one occasion during the year, but in the vast majority of cases the number of revisits was much greater. The numbers of children examined at the various revisits are shown under Section VII., and totalled 26,690.

V.

SANITARY CONDITIONS OF SCHOOLS.

It cannot be said that the sanitary arrangements at all the schools are thoroughly satisfactory, but, at any rate, there are now no schools where they are grossly unsatisfactory and a distinct menace to health. The worst cases have been dealt with, and now the less satisfactory are being considered. The problem of the best type of latrine for general use at school has not yet been solved. The single type of wash-down closet, with pull-flush, although very suitable for senior pupils (from 14 years upwards), is liable to be abused both by the junior boys and girls. The infant children give far less trouble in this respect than those who are older and ought to know better. Strict sanitary supervision of the latrines might be exercised by the school janitor in the case of boys, but in many of the smaller schools there is no janitor in constant attendance. This problem of cleanliness of the latrines is not by any means a new one, and no sanitary contrivance, however subtle or ingenious, will ever check the child who is wilfully and determinedly dirty in his use of the conveniences. One has to rely principally on the educative influence of home and school and the administration of sound chastisement to the offenders for the instilling of the elementary principles of cleanliness and decency in the youthful mind.

The routine disinfection and cleansing of the schools are efficiently carried out, and, whenever necessary, special disinfection is undertaken by the Sanitary Authorities.

VI.

(A.) ORGANISATION AND ADMINISTRATION.

These arrangements are as detailed in the Report for year ending 31st July, 1920 (pp. 8-10).

(B.) SCHOOL NURSES.

1. NUMBER ON STAFF.

The number of Nurses on the staff is twelve—for inspection and supervision, seven; for treatment, five.

2. DUTIES IN SCHOOL.

For detailed account of the duties of the Nursing Staff see page 10, of Report 1919-20.

3. DUTIES IN VISITING.

The duties of the Nurses as regards home visiting have been fully explained in previous Reports. During the year under review 350 special visits were paid to the homes for the purpose of "following up" certain needful cases.

(C.) ARRANGEMENTS FOR "FOLLOWING UP."

For these arrangements, see page 11 of Report for year ending 31st July, 1920. It is desired again to acknowledge the very efficient help obtained from the officers of the Society for the Prevention of Cruelty to Children in dealing with certain obstinate cases of neglect. Two prosecutions were undertaken this year against parents who were persistently and wilfully neglectful. In both cases imprisonment was imposed on the parents, to be followed in one case (a Lithuanian) by deportation. In the matter of dealing with some verminous homes the various local Sanitary Authorities gave good assistance.

(D.) SUPERVISION OF INFECTIOUS DISEASE,
INCLUDING SCHOOL CLOSURE.

The arrangements in force under this heading are detailed in the Report for year ending 31st July, 1920 (page 11).

During the year presently under review, Dr J. Hume Patterson, County Bacteriologist, kindly examined and reported on the undernoted specimens submitted to him by the School Medical Officers:—

Ringworm, 53; Urine, 1.

(E.) CO-ORDINATION WITH PUBLIC HEALTH SERVICES.

For arrangements regarding co-ordination with the various Health Authorities in the County and Burghs, see pages 11-12 of Report for year ending 31st July, 1920.

(F.) PRESENCE OF PARENTS AT INSPECTION.

The number of parents who avail themselves of the opportunity of being present at the inspection of their children still remains comparatively small. When, however, any condition of special importance is discovered at school, or where there is a probability of the condition affecting adversely a child's future career, a request is sent to the parents to interview the School Medical Officer in order that they may become fully acquainted with all the facts of the case.

(G.) SPECIAL EXAMINATIONS.

(a) *For Infectious or Contagious Diseases.*—During the course of the year several threatened outbreaks of infectious or contagious disease at school were investigated by the School Medical Officers. Practically all these outbreaks were of a minor character, and with the exclusion from school of the actual, or suspected, cases the condition was stamped out. In some instances no exclusions were necessary, the suspected cases proving to be suffering from some complaint of a non-contagious nature. It is not to be thought, however, that such visits were altogether fruitless, as the doctor's reassurance had a calming influence on the minds of the teachers and restored the confidence of many anxious parents.

It will be seen from Table X that Impetigo still constitutes the great bulk of the contagious conditions met with in school, and it is very gratifying to record that teachers are now recognising this condition in its early stages and promptly excluding the affected children, pending an examination by the School Medical Officer. If all cases of incipient Impetigo were promptly dealt with, the period of exclusion from school would be greatly lessened, and the risk of the disease becoming epidemic would be very greatly minimised. Next in order of frequency of occurrence comes Scabies or "Itch," 88 cases having been found at school during the year. This condition is not usually detected so early by teachers, and when the condition has become extensive, the time necessary to effect a cure is, frequently, very prolonged. However, there is a marked diminution in the number of cases of Scabies this year, and this rather loathsome legacy of the War seems now to be on

the wane. It is not to be supposed that Scabies was unknown in school before the War, but it very markedly increased during that period, owing to the contagion being brought back by soldiers coming home on leave from the front, where the condition was exceedingly prevalent. Unless vigorous steps are taken to deal with the disease, it may continue in a family for a very long time, sometimes for years. Fifty-seven cases of Epidemic Conjunctivitis were found, the sufferers being usually children in the Infant and Junior Departments of the schools. Forty-four cases of Ringworm and three of Favus were discovered. This latter condition is, fortunately, uncommon, as it is an exceedingly intractable and distressing condition. Ten cases of Pulmonary Tuberculosis, twenty-one cases of active Glandular Tuberculosis, five cases of Osseous Tuberculosis, and three cases of Abdominal Tuberculosis were found during the course of the year.

The various other infectious and contagious conditions discovered are detailed in Table X.

(b) *Absentee Pupils.*—A considerable number of scholars who had been absent from school for prolonged periods on medical grounds, and pupils who were notoriously irregular in their attendance, were examined by the School Medical Officers with a view to ascertaining whether their reasons for absence were genuine and, if so, whether they were suitable for admission to one or other of the special classes for Invalid Children. In all, 368 such children were examined during the course of the year, and it was again found that, in a very considerable proportion of the cases, the children were perfectly fit to be in attendance at an ordinary school. In certain districts malingering and deliberate abstention from school are still prevalent, and many parents consider that if a medical "line" is hurriedly produced whenever prosecution is threatened they are thus amply protected. There is a rude awakening in store for such parents, and the sooner they are disillusioned the better will it be for the educational welfare of their children and, incidentally, for the attendance percentages.

(c) *Physically Invalid Children.*—During the course of the year 195 physically invalid children were specially examined with a view to ascertaining whether they were fit to receive instruction either at an ordinary school or at one or other of the classes for invalid children conducted by this, or a neighbouring, Education Authority. In a certain number of cases the children were found to be physically unfit to attend any class, and exemption from all school attendance for an

indefinite period was granted. The examination of such children frequently necessitated the School Medical Officers visiting the home, the child being in too poor a state of health to be able to come to a school in the district where such examinations are usually carried out.

On the other hand, a considerable number of children were found to suffer from some condition which debarred them from attending an ordinary school, but which would not have prevented their attending special classes if such had been in existence within reasonable distance from their homes. The need for these special classes is urgent in every one of the industrial areas, and although a certain amount of provision now exists in two or three districts the accommodation in no way meets the demand.

In 1920 the Principal School Medical Officers drew up a Memorandum on the subject of special schools, showing the needs of the various areas throughout the county, and the suggestions embodied in that Memorandum were, after careful consideration of all the circumstances, accepted by the Authority. Unfortunately, the Scottish Education Department at that time issued its warning as regards the expenditure of money on new schools, and the scheme which had been accepted by the Authority had, perforce, to remain in abeyance. However, it is very satisfactory to report that the Authority has again taken the matter up and has agreed to the construction forthwith of special schools to meet the needs of Old Monkland (including Coatbridge), New Monkland (including Airdrie), Dalziel (including Motherwell), and Cambusnethan (including Wishaw and Newmains) districts, and has also agreed to acquire a site suitable to the needs of Bothwell district (including Bellshill, Mossend, Uddingston, etc.).

In addition to the number of children who are quite unfit to attend an ordinary school, there are large numbers of children actually attending such schools who should, in fact, be at a special school. Such children are not physically able to endure the strain of ordinary school life and constitute an appreciable proportion of the absenteeism that exists in the County.

Special schools for Invalid Children are frequently spoken of as if they were a luxury, generally by those who have little, if any, intimate knowledge of the social needs of the times or the purpose and scope of such schools. A visit to the classes would clear away any misappre-

hension on the subject and would convert any doubter of normal mentality into an ardent enthusiast. These special schools for physically invalid children are not the result of a plea *ad misericordiam*, but are the outcome of sound, economic reasoning. Children who were formerly considered the useless byproduct of our civilisation are there trained and educated in all respects like the normal, healthy child, with the result that they will eventually become self-supporting, worthy citizens, and no longer be a burden to themselves, to their family, and to the community at large. Weak in body they may be, but their infirmity does not, generally, extend to their mental faculties. On the contrary, many of these children are, intellectually, considerably superior to the average child of the same age in the ordinary schools.

It must be recognised, however, that, beneficial as these special schools undoubtedly are, their object cannot attain full fruition unless the children, on reaching the end of their period of education, are taken in hand and given an opportunity "to make good." It is here that an "After-care Committee" in each district would serve a most useful purpose, and, working in conjunction with the Authority and the teachers, arrange to have each child given that employment for which he was best suited.

(d) *Mentally Invalid Children.*—During the course of the year 42 mentally invalid children were specially examined. Of these a considerable proportion were found to suffer from such a degree of mental defect as to make them quite uneducable. Such cases are reported forthwith to the General Board of Control and to the Parish Council of the district in which the child resides. Several cases which were considered to offer some prospects of being educated were recommended for admission to the special classes for such children conducted by this, or by a neighbouring, Authority, or to an Institution, such as Baldovan. It is still the Medical Officers' firm conviction, however, that, if stern economy as regards special schools has still to be practised, and the amount of money to be expended on such schools strictly limited, the claims of the physically invalid child must have first place.

What was written in previous Reports on the necessity for classes for the dull and backward still holds good. Lack of accommodation, however, prevents the formation of these classes, but it is hoped that the subject will not be lost sight of, and, when circumstances permit, each school may have at least one class devoted to the teaching of dull and backward children.

(e) *Junior Students.*—The total number of candidates for Junior Studentships and Article 15 (b) Students examined by the School Medical Officers was, this year, 171—comprising 21 males and 150 females. All these Students are examined at least once yearly during their course of training.

(f) *Visits to Special Classes.*—During the year frequent visits were paid by the School Medical Officers to the special classes for Physically and Mentally Invalid Children. A careful note of the physical and mental progress of each child is recorded in a register kept solely for the purpose. Generally, the attendance is very good, and, so far from being adversely affected by attending the classes, the great majority of the pupils actually improve in their physique. The gentle discipline exercised, the stimulating effect of education, the varied nature of their school occupations and recreations, their association with other children, and, a factor not to be ignored, the generous supply of wholesome, well-cooked food, all play their part in the general improvement which is manifested in the pupils of these classes.

(g) *Employment of Children Act.*—The number of children examined under the above Act amounted this year to 625. A reference to the accompanying Table shows the areas from which the applicants came and the nature of the employment desired. In several districts school children are still being employed without having first been granted a permit by the Authority, and it is to be hoped that, now that the Authority's regulations are better known, the bye-laws will be more strictly enforced. In one or two instances a child, previously granted a permit, had it cancelled owing to the harmful effect the part-time employment was exercising on his educational progress.

(h) *Adult Blind Persons.*—In regard to the application of the Blind Persons Act, 1920, whereby the Education Authority becomes responsible for the technical training of Adult Blind Persons, several requests for such training were submitted to the School Medical Officers for examination and report. Many of the applicants, whose ages ranged between 18 and 53 years, had only a very hazy idea as to what was meant by the word "training," and, on the general purport of the scheme being explained to them, flatly refused to accept the offer. It must be stated, however, that a large number of these Adult Blind Persons lost their sight as a result of some accident whilst engaged

Bye-Laws under the Employment of Children Act, 1903, and Education (Scotland) Act, 1918.

Statement showing Number of Children Examined, Number of Certificates Granted or Refused, and Nature of Employment.

SCHOOL MANAGEMENT AREAS.	No. of Children Examined.	Certificates.		NATURE OF EMPLOYMENT.							
		Granted.	Refused.	Milk Carrier.	Delivering Newspapers.	Delivering Message.	Lather Boy.	Shop Assistant.	Domestic Work.	Fruit Picking and Farm Work.	Miscellaneous
Avondale	9	9	—	7	—	2	—	—	—	—	—
Biggar	12	12	—	3	2	6	—	—	1	—	—
Blantyre	21	21	—	5	12	3	—	—	1	—	—
Bothwell	54	54	—	23	17	11	3	—	—	—	—
Cadder	35	34	1	22	7	3	—	—	1	—	—
Cambuslang	95	94	1	59	23	12	—	—	—	—	1
Cambusnethan.. . .	15	15	—	3	2	8	2	—	—	—	—
Carlisle	4	4	—	—	4	—	—	—	—	—	—
Carnwath	5	5	—	—	3	2	—	—	—	—	—
Dalserf	31	31	—	8	17	5	1	—	—	—	—
Dalziel	54	54	—	21	14	13	6	—	—	—	—
Douglas.. . . .	—	—	—	—	—	—	—	—	—	—	—
East Kilbride	—	—	—	—	—	—	—	—	—	—	—
Glassford	1	1	—	1	—	—	—	—	—	—	—
Hamilton	56	56	—	36	12	5	3	—	—	—	—
Lanark	8	8	—	4	2	2	—	—	—	—	—
Lesmahagow	9	9	—	—	1	1	1	—	3	3	—
New Monkland .. .	39	39	—	16	4	12	—	—	3	—	4
Old Monkland.. . .	52	52	—	34	5	11	2	—	—	—	—
Rutherglen.. . . .	99	99	—	79	10	8	1	—	—	—	1
Shotts	19	19	—	14	3	2	—	—	—	—	—
Southern	—	—	—	—	—	—	—	—	—	—	—
Stonehouse.. . . .	7	7	—	2	—	4	1	—	—	—	—
	625	623	2	337	138	110	20	—	9	3	6

in their usual employment, the commonest cause being "shot firing" in the coal mines, and are in receipt of compensation. They have a very real fear of their compensation being reduced, or altogether stopped, by their accepting the scheme of technical training, and until they are satisfied on this point, few, if any, will be found who will forego the reality of their present disablement compensation for the problematical financial advantages which will accrue from their learning another occupation. Moreover, many of these blind persons are married men with a family, and are averse from entering an institution for a period of three or five years for training. Several of the younger adults, however, expressed their willingness to undergo the prescribed course of training. In some cases the applicants suffered, in addition to their loss of sight, from some serious physical or mental infirmity which rendered them unsuitable for undergoing training. In all, 26 cases were examined and reported on by the School Medical Officers.

VII.

THE PHYSICAL CONDITION OF THE SCHOOL CHILDREN.

(A.) TOTAL NUMBER OF CHILDREN EXAMINED.

(a) At Systematic Examinations:—	Boys.	Girls.
Entrants (6 years old and under)	5,139	4,697
Intermediates (9 years old)	5,089	5,231
Seniors (12 years old)	4,989	4,862
Secondary Pupils (16 years old and over)	145	154
	—	—
	15,362	14,944
	—	—
Total	30,306	
	—	—
(b) Special Cases (non-routine)	7,252	
	—	—
Grand Total	37,558	
	—	—
(c) Pupils examined at Re-visits:—		
Number examined at 1st re-visit	8,959	
,, , 2nd , ,	8,662	
,, , 3rd , ,	6,327	
,, , 4th , ,	2,478	
,, , 5th , ,	264	
	—	—
	26,690	
	—	—
(d) Examination of Junior Students:—		
Entrants...	171	
During Training (1st, 2nd, and 3rd years)	315	
(e) Examination of Physically and Mentally Invalid Children in attendance at Special Classes:—		

1. Physically Invalid
2. Mentally Invalid

262

17

(f) Special Examination of Physically and Mentally Invalid Children :—

1. Physically Invalid	195
2. Mentally Invalid	42

(g) Special Examination of Irregular Attenders and Chronic Absentees :—

Number Examined...	368
------------------------------------	-----

(h) Examination of Children under Employment of Children Act (1903) :—

Number Examined...	625
------------------------------------	-----

SUMMARY OF CHILDREN DEALT WITH UNDER THE SCHEME OF TREATMENT.

1. Dental Treatment :—

Number of Children Dentally Examined	44,045
Number of Children Notified	27,100
Number of Children Dentally Treated	10,879

2. Visual Treatment :—

Number of Children Treated by the Ophthalmic Surgeons	2,347
Number of Children Re-examined by the Ophthalmic Surgeons	2,545
Number of Attendances at the Ophthalmic Clinics	4,892

3. Ear, Nose, and Throat Treatment :—

Number of Children Treated by Nose and Throat Specialist	23
Number of Attendances at Treatment Centre	108

(B.) NUMBER OF CHILDREN NOTIFIED TO PARENTS AS
SUFFERING FROM DEFECTS.

During the year under review the number of children notified to parents, on account of some defect or other—exclusive of defective teeth—was 10,514, and the number of defects from which these children suffered amounted to 14,425. Although, proportionately, this shows a small decrease on the numbers for the previous year, the figures are still high and are in great measure accounted for by conditions of uncleanliness.

The principal defects calling for notification (*i. e.*, conditions which require immediate attention) were:—Uncleanliness of head or body, 5,366; unsatisfactory clothing and footgear, 643; defective vision (including squints), 3,852; external eye diseases, 635; enlarged tonsils and adenoids, 1,285; diseases of the ear, 493; skin diseases (including impetigo, scabies, and ringworm), 871; heart and circulation disorders, 180. In addition to the foregoing, 27,100 children were notified for defective teeth.

It will be seen that the number of children suffering from bodily uncleanliness is still very great. This state of affairs cannot be tolerated in school, and although industrial distress has been widespread and of long duration it cannot reasonably be adduced as an excuse for gross uncleanliness. In any case, it is not, by any means, the families who are in sorest financial straits that furnish the largest number of unclean children, for, in many cases, such children come from households into which an ample weekly wage is going. There is something essentially and radically wrong with those negligent parents, and if persuasion will have no effect, then recourse will have to be made to compulsion. It has been found in the past that prosecution of a few of the worst offenders has a wonderful cleansing effect in a district, and although the School Medical Officers are reluctant to take such extreme measures there comes a time when patience becomes exhausted, and in the interests of the children, the penalties of the law must be invoked. Whatever may be the cost, the schools must be kept clean, and if prosecution is the only method whereby an effective appeal can be made to the moral and social obligations of a certain type of people, then prosecution it must be. It is a rather sad commentary on our civilisation that no fewer than 1,036 children were found during the year attending schools with actual lice on their bodies and clothing, and 1,027 with lice on their heads.

The state of the nutrition of the children, generally, must, taking everything into account, be considered satisfactory, 97.34 per cent. being "Average and Above Average," 2.47 per cent. being "Below Average," and only .17 per cent. being "Very Bad." Actual lack of food or improper diet do not always account for the poor nutritional

state of certain children, as other factors have to be considered, such as recent recovery from some illness, constitutional debility either inherited or acquired, defective teeth which may impair digestion, and so on.

The large number of children who still suffer from defective teeth, with all their attendant evils, is seen from the special dental statistics incorporated in this Report. (Page 39.)

The following statistical tables (D to X) show the numbers and percentages of children who suffered from one or other of the conditions mentioned.

(C.) NUMBER OF CHILDREN RECEIVING ATTENTION, EXCLUSIVE OF DEFECTIVE TEETH.

Of the 10,514 children notified as suffering from some defect, 7,059, or 67 per cent., were found, on subsequent re-examination, to be cured, improved, or under treatment. This percentage of improvement is a considerable advance on last year, when the figures fell to 54 per cent. However, even 67 per cent. cannot be considered altogether satisfactory, and is still a long way off the ideal aimed at, namely 100 per cent.

Of the cases of visual defect, 2,347 were treated by the Authority's Ophthalmic Surgeons, necessitating 4,892 attendances at the Eye Clinics. As regards diseases of the Ear, Nose, and Throat, 23 cases necessitating 108 attendances at the Clinic, were treated by the Authority's Rhinologist. (For details, see attached special Reports.)

(D.) CLOTHING.

Number Examined.	Systematic Cases.				Special Cases.		
	Insufficient.		In need of Repair.		Dirty.		
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
30,306	71	.23	545	1.79	1240	4.09	261

(E.) FOOTGEAR.

Number Examined.	Systematic Cases.		Special Cases.	
	Unsatisfactory.		Percentage.	
	Number	Percentage	Number	Percentage
30,306	408	1.31	25	

(F.) AVERAGE HEIGHTS AND WEIGHTS.

BOYS—AVERAGE HEIGHT IN INCHES.

Average age in years,	$5\frac{1}{2}$	$9\frac{1}{2}$	$12\frac{1}{2}$
County of Lanark Average, ...	42.2	50.9	55.3
Anthropometric Standard, ...	42.5	50.7	56
Difference,	-0.3	+0.2	-0.7

GIRLS—AVERAGE HEIGHT IN INCHES.

Average age in years,	$5\frac{1}{2}$	$9\frac{1}{2}$	$12\frac{1}{2}$
County of Lanark Average, ...	41.7	50.2	55.9
Anthropometric Standard, ...	41.8	50	56.8
Difference,	-0.1	+0.2	-0.9

BOYS—AVERAGE WEIGHT IN LBS.

Average Age in years,	$5\frac{1}{2}$	$9\frac{1}{2}$	$12\frac{1}{2}$
County of Lanark Average, ...	42.7	64.6	78.6
Anthropometric Standard, ...	42.1	64.9	79.4
Difference,	+0.6	-0.3	-0.8

GIRLS—AVERAGE WEIGHT IN LBS.

Average Age in years,	$5\frac{1}{2}$	$9\frac{1}{2}$	$12\frac{1}{2}$
County of Lanark Average, ...	41.5	60.4	79.2
Anthropometric Standard, ...	41.0	59.3	80.2
Difference,	+0.5	+1.1	-1.0

(G.) (1) CLEANLINESS OF HEAD.

Systematic Cases.					Special Cases.
No. Examined.	Dirty (including Nits).	Per cent.	Verminous.	Per cent.	No. found defective.
30,306	3848	12·69	589	1·94	992

(G.) (2) CLEANLINESS OF BODY.

Systematic Cases.					Special Cases.
No. Examined.	Dirty.	Per cent.	Verminous.	Per cent.	No. found defective.
30,306	2729	9·004	665	2·19	690

(H.) (1) CONDITION OF SKIN—(HEAD).

Systematic Cases.								Special cases.	
No. Examined.	Ring-worm.	Per cent.	Impetigo	Per cent.	Favus.	Per cent.	Other Diseases.	Per cent.	No. found defective.
30,306	11	·036	230	·75	2	·006	132	·43	391

(H.) (2) CONDITION OF SKIN—(BODY).

Systematic Cases.								Special cases.	
No. Examined	Ring-worm.	Per cent.	Impetigo	Per cent.	Seabies.	Per cent.	Other Diseases.	Per cent.	No. found defective.
30,306	4	·013	19	·06	32	·105	140	·46	200

(I.) NUTRITION.

No. Examined	Systematic Cases.						Special Cases. Number found Defective.	
	Average and above Average.		Below Average.		Very bad.			
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.		
30,306	29,502	97.34	750	2.47	54	.17	54	

(J.) TEETH.*

No. Examined	Systematic Cases.						Special Cases. Number found Defective.	
	1-4 Decayed.		5 or more decayed.		Oral Sepsis.			
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.		
10,150	5167	50.90	590	5.81	20	.19	84	

*12 year group, 16 year group, and selected cases only.

6-11 years group included in Dental Surgeons' Report.

(K.) (a) NOSE.

No. Examined	Systematic Cases.						Special Cases. Number found Defective.	
	Catarrh.		Obstruction.		Other Diseases.			
	Number	Per cent.	Number	Per cent.	Number	Per cent.		
30,306	194	.64	91	.3	9	.03	57	

(K.) (b) THROAT.

Systematic Cases.

Special Cases.

Number Examined.	Tonsils.						Adenoids.						Other Diseases.					
	Slightly Enlarged.			Markedly Enlarged.			Probably Present.			Present.			Number found Defective.					
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.
30,306	3980	13.13	805	2.65	1215	4.0	273	.9	9	.03	9	.03	254	.2	23	.01	1	.00

(K.) (c) LYMPHATIC GLANDS (Submaxillary and Cervical).

Number Examined.	Systematic Cases.						Special Cases.									
	Palpably Enlarged.			Markedly Enlarged.			Suppurating.			Cicatrices.			Number found Defective.			
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.
30,306	2680	8.84	198	.65	4	.013	126	.41	1	.00	62	.2	23	.01	1	.00

(L.) EXTERNAL EYE DISEASES.

Number Examined.	Systematic Cases.						Special Cases.	
	Elepharitis.		Conjunctivitis.		Corneal Opacities.			
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.		
30,306	423	1.39	139	.46	40	.13	Strabismus, Other Diseases. Number found Defective.	
					394	1.30	86 .28	
							646	

(M.) VISUAL ACUITY.

Number Examined.	Systematic Cases.						Special Cases.	
	Good Vision.		Fair Vision.		Bad Vision.			
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.		
*20,470	17,524	85.61	2670	13.04	276	1.34	1558	

*Infant Children not included.

(N.) EARS.

Number Examined.	Systematic Cases.			Other Diseases.			Special Cases.
	Otorrhœa.	Wax.		Number.	Per cent.	Number.	
30,306	229	.75		451	1.48	5	.02 173

(O.) HEARING.

Number Examined.	Systematic Cases.			Markedly Deaf.			Special Cases.
	Slightly Deaf.			Number.	Per cent.	Number.	Per cent.
30,306	162			53	.53	43	.14 83

(P.) SPEECH.

Number Examined.	Systematic Cases.			Special Cases,
	Defective Articulation.		Stammering.	
	Number.	Per cent.	Number.	Per cent.
30,306	154	.51	49	.16
				36

(Q.) MENTAL CONDITION.

Number Examined.	Systematic Cases.			Special Cases,
	Dull or Backward.		Mentally Defective.	
	Number.	Per cent.	Number.	Per cent.
30,306	182	.60	13	.04
				39
				18

(R.) HEART AND CIRCULATION.

Number Examined.	Systematic Cases.						Special Cases. Number found Defective.		
	Congenital.		Organic.		Functional.				
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.			
30,306	21	.06	35	.11	98	.32	614	2.02	129

(S.) LUNGS.

Number Examined.	Systematic Cases.						(Other Diseases. Number found Defective.	
	Chronic Bronchitis.		Tuberculosis.		Tuberculosis Suspected.			
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.		
30,306	583	1.92	2	.006	10	.03	8 .02 45	

(T.) NERVOUS SYSTEM.

		Systematic Cases.				Special Cases.	
Number Examined.	Epilepsy.	Chorea.		Infantile Paralysis.		Other Diseases.	
		Number.	Per cent.	Number.	Per cent.	Number.	Per cent.
30,306	3	.009	1.4	.04	.08	18	.06

(U.) TUBERCULOSIS (NON-PULMONARY).

(V.) RICKETS.

Systematic Cases,			
Special Cases.			
Number Examined.	Number.	Per cent.	Number.
Slight.			
30,306	226	.74	11
Marked.			
30,306			·036
			7

(W.) DEFORMITIES.

Systematic Cases,			
Acquired (Non-Rachitic).			
Number Examined.	Number.	Per cent.	Number.
Congenital.			
30,306	93	.31	43
Special Cases,			
30,306			·14
			8

(Y.) OTHER DISEASES AND DEFECTS.

In addition to those enumerated in the foregoing Tables, a considerable number of other diseases or defects were discovered during the course of the examinations. The great majority of these conditions were, however, of minor importance and are not at all likely to prejudice the child's future health. A number, however, were of special importance, and as they had a direct bearing either on the child's physical or educational outlook the attention of the parents was called to the condition and treatment strongly recommended. In particular, one child—a girl—exhibited marked evidence, both physical and mental, of hypothyroidism—the condition resulting from defective thyroid secretion—and the parents were, accordingly, interviewed. On the facts having been explained to them, they agreed to have the child placed under treatment forthwith and it is gratifying to record the happiest result from the appropriate treatment in this case. The mental lethargy and hebetude which form such a characteristic feature of the disease completely disappeared, while the physical condition of the child was also wonderfully improved. It is hoped that, at no distant date, the child will become practically normal again, but, meantime, she is being educated at one of the special classes for invalid children where she will be under more frequent supervision by the School Medical Officer.

VIII.

SPECIAL SCHOOLS AND CLASSES.

1. PHYSICALLY DEFECTIVE CHILDREN.

Special Classes are conducted for these children at Knowetop Public School, Motherwell; Woodburn House, Hamilton; Gateside Public School, Cambuslang; and Coatbridge Public School, Coatbridge. As has been stated in a previous part of this Report, the numbers of invalid children for whom special educational provision requires to be made are so large that the present accommodation is no longer able to meet their requirements. Especially is this the case in Coatbridge and Airdrie, and also in Motherwell and Wishaw districts. The accommodation at Gateside Public School, is, meantime, meeting the needs of Rutherglen, Cambuslang, and Blantyre districts, but with any marked increase in the numbers of invalid children from these areas the question of proceeding with the special school which it was proposed in 1921 to erect at Dalton will have to be again considered.

X

INFECTIOUS OR CONTAGIOUS DISEASE TABLE.

The following Tabular Statement shows the number of Scholars excluded from attendance at School by the School Medical Officers, the disease or cause for which exclusion was necessary, and the various Sanitary Areas in which the conditions occurred :—

SANITARY AREA.	Mumps.	Ringworm.	Favus.	Scabies.	Impetigo.	Epidemic Conjunctivitis.	Other Eye conditions.	Pulmonary Tuberculosis.	Glandular Tuberculosis	Osseous Tuberculosis.	Adultinal Tuberculosis.	Lupus.	Erysipelas.	Scarlet Fever.	Measles.	Chickenpox.	Whooping Cough.
COUNTY—																	
Upper Ward, ...	...	14	3	11	5	4	1	1	...	...	...	...	...	...	...	1	...
Middle Ward, ...	3	17	?	50	264	29	3	6	10	2	...	...	1	5	4	...	...
Lower Ward, ...	...	4	?	1	60	...	...	...	...	...	...	...	...	...	1	1	...
BURGHS—																	
Airdrie, ...	...	1	...	4	70	5	1	...	2	...	1	...	...	...	...	1	...
Biggar, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Coatbridge, ...	1	2	...	3	152	6	...	2	...	...	1	...	...	...	...	...	1
Hamilton, ...	...	2	...	8	35	10	4	1	2	...	...	...	...	...	...	1	...
Motherwell, ...	...	4	...	4	15	...	...	1	1	...	...	...	...	...	1	1	...
Lanark, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rutherglen, ...	...	...	...	5	26	3	...	1	3	2	...	...	...	...	1	...	...
Wishaw, ...	...	...	...	2	1	...	...	1	1	...	1	...	...	...	...	...	...
TOTAL, ...	4	44	3	88	628	57	9	10	21	5 *	3	...	1	1	6	8	1

2. MENTALLY INVALID CHILDREN.

For arrangements regarding the education of these children, see Report for year ending 31st July, 1922. The special class at Muir Street Public School, Larkhall, has now been discontinued.

3. BACKWARD CHILDREN.

There is nothing further to add under this heading to what was written in last year's Report.

4. BLIND AND PARTIALLY BLIND CHILDREN.

The Education Authority has no special schools or classes for dealing with this type of child. All such children are, however, sent to special institutions to be educated.

5. DEAF AND DEAF MUTE CHILDREN.

The special classes for the above children, which were formerly conducted at St. John's Special School, Hamilton, have now been transferred to Woodburn House, Hamilton, where much better accommodation is afforded.

IX.

ARRANGEMENTS FOR PHYSICAL EDUCATION.

For arrangements, see Report for year ending 31st July, 1920 (page 27).

X.

FEEDING OF CHILDREN.

Very satisfactory provision is made for the supplying of meals to all pupils attending the special classes for invalid children. Arrangements are also in force for providing meals to children who are necessitous within the meaning of the Act, and for the year ending 31st July, 1923, 29,555 meals were given to such children.

XI.

ARRANGEMENTS FOR MEDICAL TREATMENT.

In September, 1922, the Authority's whole-time Ophthalmic Surgeon resigned his appointment, and, after careful consideration, the Authority decided not to appoint another whole-time eye specialist, but to have the work undertaken by part-time specialists. Accordingly, Dr Ernest Thomson and Dr John Mortimer, both of whom had previously held whole-time appointments under the Authority, were

appointed part-time ophthalmic surgeons. This arrangement has worked very satisfactorily and smoothly without loss either of efficiency or interest. The new visual and dental clinic attached to Baillieston Public School has been in full use during the year under review, and is a very great improvement both in comfort and accommodation to that formerly provided. A similar clinic has been established at the new school at Stane, Shotts, and will be available for use at the commencement of next session. With the exception of the foregoing slight alteration in the staff and the additional accommodation for treatment at Baillieston, there is no change in the general arrangements for medical treatment.

For details of treatment of dental, visual, and aural and nasal conditions, see respective Reports (pages 33-42).

TABLE A.—All Pupils Examined at the Systematic Examination for the Year ending 31st July, 1923.

SCHOOL MANAGEMENT AREAS.		SCHOLARS EXAMINED IN EACH GROUP.											*Condition Notified	Average Number of Scholars on Register.
		Infants (6 years & under).		Age Group (9 Years.)		Seniors (12 Years.)		Higher Grade (16 Years.)		Selected Cases.		TOTAL.		
		Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.			
sondale	...	48	51	47	36	34	39	1	1	28	32	317	153	858
ggar,	...	33	38	37	32	33	28	6	11	11	15	244	51	675
ntyre,	...	235	215	198	190	170	156	—	—	163	176	1503	520	3724
othwel,	...	476	436	616	642	621	632	7	23	382	390	4225	2409	12844
dder, ...	...	202	219	186	176	179	199	—	—	68	76	1305	362	3824
nbuslang,	...	142	170	307	256	265	255	2	6	178	192	1773	756	5284
mbusnethan,..	...	307	299	290	348	335	281	11	11	147	142	2171	778	6552
rluke, ...	...	69	49	78	87	80	85	—	—	111	107	666	167	1870
rnwath,	...	102	66	79	78	68	62	—	—	73	79	607	113	1465
alserf, ...	...	237	235	221	220	231	213	6	8	223	239	1833	479	4408
elziel, ...	...	602	506	524	544	558	517	17	21	463	409	4161	1539	10931
uglas,...	...	46	30	26	23	18	15	—	—	12	5	175	53	502
est Kilbride, ...	...	40	43	37	38	15	25	—	—	25	22	245	105	662
assford,	...	17	10	16	14	13	14	—	—	26	19	129	50	261
hamilton,	...	602	571	481	505	504	508	47	40	481	544	4286	1762	10481
anark, ...	...	232	169	148	152	134	165	3	10	140	144	1297	260	3183
amahagow,	...	146	124	108	111	125	91	2	2	55	52	816	295	2304
ew Monkland,...	...	469	140	434	488	401	405	5	3	197	247	3089	966	9364
ld Monkland, ..	...	157	419	651	619	614	614	22	15	302	416	4129	1562	13079
utherford,	...	236	223	294	335	305	274	16	3	244	204	2134	1089	5442
hotts, ...	...	357	302	261	271	245	231	—	—	180	193	2040	817	5013
outhern,	...	28	21	14	19	14	26	—	—	2	...	124	9	378
tonhouse, ...	...	56	58	36	47	27	27	—	—	20	18	289	130	762
TOTALS, ...		5139	4697	5089	5231	4989	4862	145	154	3531	3721	37558	14425	103866

*Defective Teeth not included.

TABLE B.—SHOWING THE REMEDIAL MEASURES INSTITUTED.

NOTE.—For Dental Statistics see separate Report.

REPORT ON VISUAL TREATMENT.

The visual examination and treatment of the school children throughout the county continue to be efficiently conducted, and the resulting benefits, both physical and educational, are, generally, much appreciated not only by the parents but also by the teachers. There has been no alteration this year in the method of selection and treatment of cases, the only change which has occurred being the Authority's decision to employ part-time ophthalmologists to undertake all the eye treatment on the resignation of the whole-time ophthalmic surgeon (Dr Mortimer) in September, 1922.

The following Reports for the year ending 31st July, 1923, have been received from the various ophthalmic surgeons:—

(DR ERNEST THOMSON.)

CENTRES:—

Abington, Airdrie, Bellshill, Biggar, Cadder, Carluke,
Carnwath, Lanark, Lesmahagow.

The work of a school ophthalmic surgeon is usually considered to be a very routine business, and so, in fact, it is, in large measure. The writer, however, has always held that it presents opportunities of studying in the mass a group of human beings not ordinarily studied in the mass by any other type of medical practitioner. This is not the place in which to enlarge upon technical details, but it may be taken as certain that the further the principle of inspection and treatment of school children, whether by the School Medical Officer or by the specialist, is carried, the better will be the ultimate result in knowledge of the beginnings of disease. Could anything well be more important than this? For example, it has been found in the course of the years which have passed since the Authority's treatment scheme was commenced in 1914, that, here and there, some condition of the eye crops up which, taken by itself, might be passed over as an absolute rarity or even "freak." Yet, in course of time other similar cases are found, until ultimately it is possible to form a group of which, perhaps, very little has been hitherto known by the medical profession. So, too, the study of children in mass throws new light on already well-known conditions.

Apart from rare and interesting cases which need not be further discussed here, the writer would like to say a few words about Myopia and Squint, in which he has always been interested as forming two of the principal difficulties in connection with the ophthalmic treatment of school children: the former, because parents and teachers may persist in refusing, not wilfully perhaps, to recognise that it is generally a disease, and in that respect different from the ordinary refraction errors of the eye; the latter, because the parents, and sometimes the teachers, too, have not realised that a squint caught at the very beginning may often be cured by correction of the refraction error, whereas, if time is allowed to pass, and a very short time it may be, the squinting eye becomes more or less defective sighted and may never, in spite of every kind of treatment adopted too late, recover its function.

MYOPIA.—The percentage of myopia and myopic astigmatism taken over all the children attending at the centres now under the writer's care (Bellshill excepted, as it was not then under the scheme) was, in the years 1914 to 1917, 21.7. In the same centres for the year 1922 to 1923 the percentage is 20.0, a slight drop over all. Bellshill itself has a percentage of 18.0 this year.

It was formerly shown in various annual reports dealing with the Authority's whole area (then under the care of the writer as whole-time oculist) that there was an excess of myopia in the rural areas over that in the urban areas. Reference to the 1916-17 Report shows that between 1914 and 1917 the percentage of myopia (always including myopic astigmatism) was 16.8 in the whole group of urban centres, and 22.3 in the whole group of rural centres. Now, if we compare with the foregoing, the results of the present year in what may be called for short the "restricted area" now under the care of the writer, it is found that the two urban areas, Airdrie and Bellshill, from the schools of which 271 children attended, had a myopia percentage of 16.4, while the rural areas (see heading), with 245 children in attendance, had a myopia percentage of 22.8. While bearing in mind that the "restricted area" cannot be exactly compared with the whole area above referred to, it is, nevertheless, remarkable that, excluding the decimals, the percentages are the same. There is a difference in myopia incidence of about 6 per cent. in favour of the urban areas. Further, if only exactly comparable areas in 1914-17 and 1922-23 are taken, the result is similar, except that the difference between urban and rural incidence of myopia is about 8 per cent. instead of 6 per cent. Making all allowance for error, there seems, after eight years of observation, to be an obstinately greater incidence of myopia in the country than in the town. What is the meaning of this difference?

It has been stated at various times that myopia is less common in the country than in the town; that it is a disease of the educated, of those who use their eyes largely at close range. The statement has been made that the country dweller is not prone to myopia, because he uses the eyes for distance. The figures dealing with myopia in the schools of Lanarkshire do not lend, and never have lent, support to this view. In a statistical enquiry made a few years ago by the writer the Lanarkshire school areas were divided into three groups, namely, urban, agricultural, and mixed, the mixed group including the mining areas. The urban group gave 17.23 per cent. of myopic children, the agricultural group 20.52 per cent., while the mixed group gave no less than 26.57 per cent.

It is probably not unreasonable, then, to conclude that in the County of Lanark the children of Agriculture are, at any rate, *not less* myopic than the children of Industry, and that possibly the children of the miner are more subject to myopia than either the purely agricultural or purely urban children.

It is true we are not much advanced as to the exact cause of the difference, but here is wide scope for the investigation of the hygiene of the school and of the home, of the lighting conditions of both, and of the influence of particular diseases, especially tubercle.

SQUINT.—The importance of squint has been repeatedly emphasised by the writer, and again by Dr Mortimer in last year's

Report. It seems undoubted that more attention than formerly is being given to the subject, and, as time goes on, it is hoped that the youngest squinters—the most important to treat—will be caught in the two-fold net of the Welfare Centres and the School Clinics. A study of the statistics of squint in the School Medical Officer's Reports of the years 1914-15 and 1915-16 (the only years in which such were published in detail) compared with those for the "restricted area" during 1922-23 does not yield much information, except on one point. That point is that, while, in 1914-15, the rural percentage exceeded the urban by about 3 per cent., and, in 1915-16, the urban exceeded the rural by 2.5 per cent., in 1922-23 (in the "restricted area" referred to, which produced an approximately similar proportion of urban and rural cases of all kinds), the urban squints exceed the rural squints by nearly 7 per cent. Next year ought to show us whether this is merely accidental, or has its origin in greater attention to squint in the urban areas.

VISUAL RESULTS.—One other matter deserves emphasis, namely, the difference which clearly exists in the visual results obtained in those children who attend at re-visit with their spectacles on their faces as compared with those who produce them from their pockets. The child who wears the spectacles regularly obtains better vision, and is necessarily more efficient at school than the other who does not. Now, one may allow that the children in some districts are more difficult to deal with than those in other districts. One could easily name such various districts. Yet one finds the differences above referred to in the children from *different schools in the same district*. To a very large extent it is a matter of school discipline. Average children, especially boys, do not like wearing spectacles, though there are many exceptions. If, therefore, the head teacher fails to take a personal interest in the matter, it is quite likely that many of the pupils for whom spectacles have been ordered by the oculist, will not wear them when obtained. Further, there are many parents ~~there~~ ^{who} require pressure through the teacher before they will interest themselves in obtaining the spectacles. Parents who put forward an application for free spectacles and then refuse to allow the child to wear them are quite appreciable in number.

In the writer's opinion the head teacher who takes a real live interest in the eyesight of his scholars, and there are many such, is doing something which gives results which are as real as the professional results of his teaching, and which is well worth the doing.

(DR JOHN A. MORTIMER.)

CENTRES:—

Baillieston, Blantyre, East Kilbride, Larkhall, Shotts,
Strathaven, Uddingston, Wishaw.

In carrying out the work at these clinics, three points call for attention:—First, the increase of the number of those notified who attended; second, the larger number of parents who accompanied their children and their greater interest in seeing that their children obtained their spectacles and kept them in a satisfactory condition - this was most noticeable in squint and myopia cases; third, the greater care of the glasses taken by the children themselves.

As the work of these clinics consists mostly of refraction cases, the value of the re-visits cannot be over-estimated in that it showed general marked improvement in the vision and symptoms of those children after correction with spectacles. Re-visiting also allows one to follow up and keep in touch with myopic and squint cases, and those with high degree of astigmatism, so that, from time to time, any alteration can be made on their spectacles. The growing eye examined from time to time may show considerable alteration as regards both sphere and cylinder. The astigmatism may alter in amount and direction, and in most cases equilibrium is not reached until growth ceases.

My interest was drawn to several cases which came up for correction of their myopia, who had scholarships and whose intentions were to become teachers, etc. These cases, though not very highly myopic at present, were showing increases of their myopia at each examination. In view of the progressive nature of this condition and the liability of their breaking down in adult life, it has occurred to me that the parents of these children should be persuaded that such a calling is not ideal in the interests of the child. Also from the position of the Education Authority these cases (and more especially the women) are liable to the risk of break-down when teachers. I do not think it would be doing any injury to these children (who are often studious and clever) if their future pathways were directed into channels other than those demanding excessive use of their eyes. I would suggest that some standard of myopia and visual acuity be decided upon before these children embark on a career which, in the long run, might not be doing the child a kindness. A standard should be set up also for high degree of hypermetropia and hypermetropic astigmatism.

In the examination of higher grade pupils and junior students I noticed cases which had been previously either emmetropic or very slightly myopic and now showed at the age of 14-17 a change to myopia or an increase of myopia which seemed sudden, also with diminution of vision. This occurred at an age when these children are entering into the competition of life and finding their responsibilities.

I would again draw attention to the need of myope classes, which have a markedly beneficial influence upon the progress of myopia, with better resultant vision.

I wish to record my appreciation of the excellent, well-arranged, new clinic at Baillieston.

(DR H. SOMERVILLE MARTYN.)

CENTRES:—Cambuslang and Rutherglen.

The numbers coming forward for visual treatment at Cambuslang and Rutherglen Clinics this year show a slight falling-off from the numbers treated during 1921-22.

The great bulk of the work consisted in the correction of errors of refraction, and the results obtained were, in almost every case, exceedingly satisfactory. In the early part of the session numerous cases of failure to procure the prescribed glasses were noted, unemployment being stated in most cases as the reason, but later in the session, and more especially in the Rutherglen Centre, the prescribed glasses were being worn.

(DR W. HISLOP MANSON.)

CENTRE:—Coatbridge.

Although it is usually found that a visual error can be corrected at the first visit of a child to the clinic, one attendance only cannot be considered satisfactory, and it is at the re-visits that one is able to estimate the value of the work. The most difficult cases to correct by means of spectacles are those in which there is a high degree of astigmatism. Children who give at the time of examination a poor response to the correction ordered are frequently found at the re-visit to see much more distinctly after they have worn their glasses for some time. Another type of case that it is important to see is the myope, and these re-visits give one a chance of watching this condition, which is in some cases very liable to progress.

During the session three cases were recommended to the School Medical Officer for exclusion from school for various periods. Two of these cases were children in whom the myopia was of a progressive type. The other one was suffering from a recurrent form of acute inflammation of the eyes (strumous keratitis).

There were this year 10 cases of headache without marked visual defect. All those seen again at the re-visits have been free of headache when using the glasses prescribed.

(DR JAMES A. WILSON.)

CENTRE:—Motherwell.

In nearly every case the vision was much improved by the glasses, and the handicap of defective vision removed.

Among the "re-visits" I discovered 14 who had not obtained the glasses prescribed, and these were noted to receive attention. The prejudice against the wearing of glasses is disappearing, and now, but seldom, are we informed that:—"Father says I am not to have glasses."

The statistical table once more demonstrates the fact that girls are more liable than boys to have defective vision from imperfection in the size and shape of the eyes. I frequently observe several members of the same family presenting similar ocular defects. In this year's group there are three scholars from the same family, and all three are short-sighted. During adolescence the eyeball naturally enlarges, and this tends to improve the long-sighted, or small eyes, and to increase, or aggravate, the short-sighted, or large eyes. When short sight is high in degree there is danger of serious deterioration of vision in the later stages of life. This year three scholars, with fairly high degrees of short sight, have been notified for special consideration. There was one case of functional loss of vision. A girl discovered in school to have defective vision was also found by me to have defective vision (R. $\frac{6}{5}$, L. $\frac{5}{6}$), but, as there was no obvious defect or disease to account for it, I tried suggestion. By getting her to look with each eye through two lenses which together are equivalent to a piece of plain glass she immediately obtained full vision (R. $\frac{6}{5}$, L. $\frac{5}{6}$). We have one or two of these cases every year.

(DR JAMES R. WATSON.)

CENTRE:—Hamilton.

It is satisfactory again to report that the results in nearly all cases of correction of errors of refraction were excellent. The number of myopic cases was again comparatively small, and of these, fortunately, the majority were of very slight degree, so slight in a few cases that they would have been difficult to detect without a thorough examination, and easily obtained full vision with correction. The early correction of these is, possibly, the most valuable work done in this department, and we may hope that, as these are attended to, we may, by and by, seldom meet with unsatisfactory cases of advanced myopia in school children.

The details of the refraction errors corrected, and a statement of the various other conditions met with, will be found in the accompanying Tables.

VISUAL TREATMENT.

TABLE C.—Showing (a) Total Number of Cases Examined ; (b) Number Revisited ; (c) Total Attendances at Clinic ; (d) Number Treated by Glasses ; (e) Number Treated Otherwise or Advised ; (f) Number Uncompleted and not Requiring Treatment. Year ending 31st July, 1923.

TREATMENT CENTRE	Number of Children Examined.	Number of Children Revisited.	Total Attendances.	Number for whom Spectacles were prescribed.	Number Treated otherwise or Advised.	Cases uncompleted, and Cases not requiring Treatment.
DR ERNEST THOMSON.						
Abington	...	8	10	18	8	—
Airdrie	...	138	143	281	118	14
Bellshill	...	133	260	393	119	8
Biggar	...	14	6	20	10	4
Cadder	...	52	94	146	47	4
Bishopbriggs and Chryston	—	—	—	—	—	—
Carlisle	...	35	68	103	31	4
Carnwath	...	36	32	68	29	3
Lanark	...	75	155	230	59	10
Lesmahagow	...	25	30	55	18	4
DR JOHN A. MORTIMER.						
Baillieston	...	89	133	222	84	4
Blantyre	...	78	71	149	73	4
East Kilbride	...	17	16	33	15	2
Larkhall	...	115	118	233	100	15
Shotts	...	106	108	214	94	12
Strathaven	...	26	15	41	23	2
Uddingston	...	120	129	249	111	9
Wishaw	...	124	208	332	117	6
DR H. SOMERVILLE MARTYN.						
Cambuslang	...	135	111	246	126	9
Rutherglen	...	145	266	411	133	12
DR W. HISLOP MANSON.						
Coatbridge	...	255	295	550	228	27
DR JAMES A. WILSON.						
Motherwell	...	323	145	468	297	26
DR JAMES R. WATSON.						
Hamilton	...	298	132	430	284	14
	2347	2545	4892	2124	193	30

VISUAL TREATMENT.

TABLE D.

Table Showing Conditions, other than Refraction Errors, whether Treated or Advised.



VISUAL TREATMENT.

TABLE E.—Showing Number of Cases Examined and the Nature of the Refraction Error in those Cases treated by Spectacles.

CLINIC.	Hypermetropia.				Hypermetropic Astigmatism (Simple and Compound).				Myopia.				Myopic Astigmatism (Simple and Compound).				Mixed Astigmatism.				Eyes not Requiring Correction or too Defective for Correction.				Cases not Completed.						
	Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls				
	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	
DR ERNEST THOMSON.																															
Abington	17	21	26	25	20	14	15	19	2	4	7	11	3	—	8	6	8	12	10	7	6	5	10	8	2	2	4	4	—	—	
Airdrie	8	11	21	23	13	16	35	35	4	1	6	8	5	5	10	9	7	4	7	7	5	4	6	3	3	3	3	3	—	—	
Bellshill	2	1	1	3	1	1	4	1	—	—	—	—	2	2	—	—	1	1	—	—	2	3	1	—	—	—	—	—	—	—	
Biggar	3	5	7	7	12	9	4	6	1	1	1	4	4	3	11	7	1	2	3	1	2	3	1	2	3	1	1	—	—		
Cadder	(Bishopton, Briggs, and Chryston)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Carlisle	2	3	7	7	6	4	3	3	4	3	2	1	2	3	1	3	—	2	3	2	4	3	1	1	—	—	—	—	—	—	—
Carnwath	5	4	7	6	1	4	7	9	2	2	—	—	1	1	2	2	3	2	1	—	2	2	2	2	2	2	2	2	2	2	
Lanark	7	7	12	8	6	8	9	10	3	2	2	1	2	4	7	7	4	3	6	10	7	5	4	4	4	4	2	2	2	2	
Lesmahagow	2	2	1	1	2	3	4	6	2	—	1	1	—	1	2	2	2	2	1	—	—	5	4	1	1	2	2	2	2	2	
Total	46	54	83	81	63	61	83	90	18	13	19	26	17	17	44	39	25	28	33	31	28	23	31	26	13	13	13	13	13	13	
DR JOHN A. MORTIMER.																															
Baillieston	6	7	13	10	21	18	21	26	—	1	4	4	4	6	9	7	2	1	4	4	2	2	2	2	—	—	1	1	—	—	
Blantyre	5	4	6	7	17	18	23	20	2	2	2	1	3	4	7	8	1	1	6	8	2	1	3	3	—	—	1	1	—	—	
East Kilbride	4	2	—	—	2	4	1	2	—	—	—	—	1	2	2	2	2	1	3	2	—	2	2	—	—	—	—	—	—	—	
Larkhall	5	7	6	8	19	16	42	38	2	1	2	3	6	7	12	14	3	1	3	4	7	10	8	6	—	—	—	—	—	—	
Shotts	14	5	7	7	25	34	19	22	1	1	2	4	4	5	10	8	4	3	7	5	3	3	10	9	—	—	—	—	—	—	
Strathaven	3	1	—	—	9	11	9	8	—	—	—	—	1	1	—	—	2	2	—	—	1	1	—	—	1	1	—	—	—	—	
Uddingston	9	9	9	10	23	25	36	35	5	4	5	7	6	5	11	8	4	3	4	4	2	3	6	7	—	—	1	1	—	—	
Wishaw	10	11	11	9	34	32	41	42	—	—	1	1	3	3	9	10	2	2	6	6	1	2	5	5	—	—	1	1	—	—	
Total	56	46	52	51	150	158	192	193	10	9	16	20	28	33	60	57	20	14	33	33	18	22	36	35	1	1	3	3	3	3	
DR H. SOMERVILLE MARTYN.																															
Cambuslang	15	11	15	18	27	31	34	33	3	4	5	3	7	4	11	10	4	5	5	7	5	6	4	3	—	—	—	—	—	—	
Rutherglen	8	11	16	14	33	27	39	40	7	6	7	8	6	8	15	15	—	2	1	3	5	5	6	4	3	—	—	—	—	—	—
Total	23	22	31	32	60	58	73	73	10	10	12	11	13	12	26	25	4	7	6	10	10	11	12	9	—	—	—	—	—	—	
DR W. HISLOP MANSON.																															
Coatbridge	33	25	37	29	46	56	57	73	7	6	12	12	11	8	16	12	2	2	5	7	11	13	18	12	—	—	—	—	—	—	
DR JAMES A. WILSON.																															
Motherwell	39	51	37	34	65	55	103	110	13	10	8	10	9	9	7	8	5	3	10	7	7	10	20	16	—	—	—	—	—	—	
DR JAMES R. WATSON.																															
Hamilton	39	36	23	28	50	53	88	87	12	10	13	14	9	12	21	19	11	10	12	16	4	4	12	9	—	—	—	—	—	—	

DENTAL REPORT.

In submitting the Dental Report for the year ending 31st July, 1923, note has to be taken that two of the Authority's Dental Surgeons were, on account of illness, unable to be on duty for a considerable time, Mr Bower being off duty for over three months, and Mr Beattie for eight weeks. Consequently, the number of children treated this year shows a considerable diminution from the previous year's total. However, it must be allowed that the results this year are again very satisfactory, no fewer than 10,879 children having received treatment by the Authority's dentists. The number of children dentally examined was 44,045, and the number found suffering from a greater or less degree of dental unfitness was 27,100, that is, a percentage of 61. Of all the cases notified, slightly over 40 per cent. accepted treatment from the Authority's dentists, but it must be remembered that, in addition, a large number of children received private dental treatment as a result of the notifications sent from school. It is a well-known fact that private dental practitioners are always much busier after the school medical and dental examinations have taken place in a district.

There is a steady increase in the numbers accepting treatment at the school clinics, and in this respect the greatest advance is in the country districts, where the travelling dental outfit is employed and the children are treated in their own schools. But even in the urban areas there is also a most gratifying increase in the percentage of cases treated, although there are one or two schools in practically every area where there still exists a distinct apathy as regards the care of the teeth. It is true, both of visual and dental treatment that the response from the parents and children varies directly in accordance with the enthusiasm of the head teacher for this branch of school organisation. Where the head teacher takes an active, and not merely an academic, interest in the physical well-being of his pupils, not only is there a higher percentage of treatment from that school, but the children also present themselves punctually at the clinic. In fact, it would appear that the percentage of children treated, and the punctuality of their attendance at the clinic, are a reflex of the general tone and organisation of a school.

At the commencement of the year under review, it was decided that another age group should be added to those examined by the dental surgeons, the groups now embracing children from 5 to 11 years, inclusive. Children of the 12 years' old and the 16 years' old groups are dentally inspected by the School Medical Officers during the routine examinations. This is the best that can be done at present with the dental staff at our disposal, but it is not, by any means, ideal. There is no doubt that all the dental inspections should be undertaken by the dental surgeons, and, wherever possible, by the dental surgeon who is to carry out the subsequent treatment. The fulfilment of this policy and the affording of treatment to the increasingly large numbers of applicants make an addition to the Authority's dental staff a matter of absolute necessity. So great has been the demand for dental

treatment in the schools throughout the county that it has been found impossible to overtake the routine dental examination in certain areas, and, if no increase to the dental staff is forthcoming, it will be necessary to treat many of the areas only every alternate year. In our opinion this would be a retrograde step, as the yearly examination and treatment of the school children's teeth are a prime necessity. As an evidence of the growth of dental treatment, it was found that in one of the largest areas the dental surgeon was this year fully occupied for nearly six months, whereas, a few years ago, six weeks sufficed to treat all the cases which came forward. A similar experience is found in many of the other more densely populated districts, and if the best results are to be obtained, a yearly inspection must be maintained and necessary treatment afforded.

The number of dental extractions still remains high, but, on the other hand, the conservative side of treatment is steadily growing, no fewer than 4,264 fillings having been done during the year. All the Authority's dentists remark on the increase in the numbers of nervous, timid children who are now coming forward for treatment. These are children who have not previously received dental attention, but whose parents, recognising the tremendous benefit which other members of the family, or, perhaps, neighbours' children, have derived from attendance at the clinic, are now bringing forward the more nervous—or, probably, the more spoiled—child for treatment.

Dental treatment of school children has now reached a very high degree of efficiency, and the confidence both of parents and children is being steadily established. If this is to be maintained, the co-operation of the teachers must be whole-heartedly given in encouraging the pupils to come forward for treatment, and, especially, in seeing that the children notified are in attendance at the clinic punctually. The importance of punctuality of attendance is not yet fully appreciated by many teachers, and the result is that, frequently, the patients arrive at the clinic half an hour, or more, late, with resulting waste of the dentist's (or ophthalmic surgeon's) time. At the larger dental clinics there are now four sessions each day, viz., 9.30 a.m., 11 a.m., 1.30 p.m. and 3 p.m. This was arranged to suit the convenience of both parents and children, and lessens to some extent the period of anxious waiting that existed when only two sessions—at 9.30 a.m. and 1.30 p.m.—were held each day. It is thus apparent that, if children due to arrive at, say, 9.30 a.m., are not sent till 10 a.m., or later, their period of treatment will encroach on that of the children summoned for 11 a.m., and this will affect unfavourably the subsequent sessions of the day. A little care and foresight could easily obviate this difficulty, and it is to be hoped that all teachers will recognise the extreme importance of absolute punctuality in attendance at the clinics, whether for dental or for visual treatment.

Mr Bower (Cadder, Cambuslang, Old Monkland (including Coatbridge), and Rutherglen areas), in the summary of work overtaken by him, comments on the increased amount of conservative dental work now performed, and the growing popularity of the school dental service. He comments adversely on the lack of punctuality in the attendance of pupils from certain schools. Number treated, 2,138. Extractions,

TABLE F.

DENTAL TREATMENT.

Summary of Work done in the following School Management Areas during the year ending 31st July, 1923.

SCHOOL MANAGEMENT AREAS.	INSPECTION.				TREATMENT.										NO. OF PUPILS.		
	Number of Pupils Examined.		Number of Notices issued to Parents.		Number of Pupils Treated.		NATURE OF TREATMENT.				Scaling.		Dressing.		Cleaning	Necessitous.	Partly Necessitous.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Extractions.	Fillings.	Cem.	Amal.							
Avondale,	85	20	16	6	5	18	3		5	1					4	7	
Biggar,	461	101	114	52	58	180	22		35	..	..	..	..	..	88	22
Blantyre,	582	162	148	85	79	294	36	1	43	..	12	2	148	16			
Bothwell,	2358	838	917	288	312	1148	221	25	235	..	7	5	532	68			
Cadder,	1027	247	377	105	124	375	83	17	161	1	3	1	174	55			
Cambuslang,	3611	949	912	409	424	943	339	22	267	2	2	2	618	215			
Carluke,	1331	368	354	160	134	462	61	..	121	1	..	2	185	109			
Carluvath,	1105	355	380	201	209	708	129	1	163	1	3	1	241	172			
Dalserf,	2462	709	673	170	169	644	114	5	113	1	1	1	221	118			
Dalziel,	6521	2187	2029	674	742	2407	506	13	436	2	23	2	974	442			
Douglas,	364	122	128	84	91	353	51	2	87	..	1	..	118	57			
East Kilbride,	144	136	143	78	86	252	70	..	48	..	..	..	93	71		
Hamilton,	5566	1897	1831	527	578	1897	449	30	401	3	28	1	727	378			
Lanark	2043	627	649	295	267	973	158	7	208	8	..	4	393	169			
Lesmahagow,	1859	565	539	243	223	867	112	..	170	3	..	5	307	159			
New Monkland,	5104	1890	2061	929	1008	3322	231	59	621	3	6	1	1661	276			
Old Monkland,	7108	1767	2122	578	874	2470	175	50	715	14	4	1	1384	368			
Rutherglen,	579	119	191	16	16	13	37	..	34	..	..	3	25	7		
Shotts,	642	169	192	78	94	213	95	6	117	..	3	..	154	18			
Southern,	290	75	84	18	57	180	15	2	41	..	..	..	73	32		
TOTAL,	11945	13294	13806	5329	5550	17719	3207	243	4021	10	93	32	8120	2759			

(temporary teeth), 2,682; extractions (permanent teeth), 672; number of fillings, 860; scaling, dressing, cleaning, etc., 21.

Mr Beattie (Avondale, Biggar, Cambusnethan (including Wishaw), Carluke, Carnwath, Dalserf (Rural), Douglas, East Kilbride, Glassford, Lanark, Lesmahagow, Southern, and Stonehouse areas) reports on the continued enthusiastic response for treatment in the rural areas, and on the marked increase in dental fitness amongst the school children in these districts. In certain schools 100 per cent. of the children notified came forward for treatment, and a common occurrence was to get between 70 and 80 per cent. accepting treatment. But even in the rural districts, where there are such uniformly excellent results, the inevitable lethargic, apathetic school is found where only a miserable 6.9 per cent. of treatment was forthcoming. Number treated, 2,300. Extractions (temporary teeth), 3,993; extractions (permanent teeth), 621; number of fillings, 890; scaling, dressing, cleaning, etc., 30.

Mr Rankin (Blantyre, Dalserf (Larkhall), Dalziel (Motherwell), and Hamilton areas) reports on the increased number of nervous children now coming forward for treatment, with a resulting additional strain on the dentist. He also comments on the increased number of applicants for dental treatment. Number treated, 3,024. Extractions (temporary teeth), 5,242; extractions (permanent teeth), 1,105; number of fillings, 1,045; scaling, dressing, cleaning, etc., 79.

Mr Kerr (Bothwell (including Bellshill), New Monkland (including Airdrie), and Shotts areas) in his report on the year's dental work draws attention to the fact that dental inspection and treatment is now generally recognised as part of the routine organisation of a school. He makes an appeal for early treatment in order that extractive work may be reduced and conservative treatment, with its resulting beneficial results, may be carried out. Number treated, 3,417. Extractions (temporary teeth), 5,802; extractions (permanent teeth), 809; number of fillings, 1,469; scaling, dressing, cleaning, etc., 35.

All the members of the dental staff desire to thank the teachers, janitors, and others for their assistance in the carrying out of the work, and especially those head teachers who, where no suitable room for treatment was available at the school, generously granted the use of one of the rooms in their house in order that their pupils could be treated in comfort.

Table (F.) shows in detail the numbers examined, notified, and treated in each School Management Area, and the nature of the dental work performed.

**REPORT ON TREATMENT OF DISEASES OF THE
EAR, NOSE, AND THROAT.**

(JAMES ADAM, M.D., F.R.F.P.S.G.)

I have the honour to present my Report for attendance on school children under your Authority in respect of diseases of the Ear, Nose, and Throat for the year ending 31st July, 1923:—

Operations under General Anæsthesia	...	...	14
,, ,, Local	,,	...	5

DISEASED CONDITIONS:—

Enlarged Tonsils and Adenoids (Nasal or Oral complications in 6 of them)	...	14
Nasal	...	5
Aural (1 Acute Mastoid Abscess)	...	3
Throat and Mouth	...	1
Total	...	23

The total number of patients treated was 23, necessitating 108 attendances.

Since January of this year, all operations have been done at Beckford Street Hospital instead of at my house.

The schools from which the patients came are as follows:—

HAMILTON AREA:—

Greenfield P.S.	...	...	...	4
Beckford Street P.S.	...	...	...	2
St. Mary's R.C.	...	...	...	2
St. John's Grammar	...	...	...	1
Woodburn Special	...	...	...	1
Townhead P.S.	...	...	...	1
Beechfield P.S.	...	...	...	1
St. Cuthbert's R.C.	...	...	...	1
				— 13

LARKHALL AREA:—

Muir Street P.S.	...	...	...	1
Academy	...	...	...	1
St. Mary's R.C.	...	...	...	1
Glengowan P.S.	...	...	...	1

BLANTYRE AREA:—

High Blantyre P.S.	...	...	...	1
Auchinraith P.S.	...	...	...	1
				— 2

OTHER AREAS:—

Bent P.S., Lesmahagow	...	...	1
St. Charles's R.C., Newton	...	...	1
Bothwell R.C.	...	...	1
Townhead P.S., Stonehouse	...	...	1
